

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

Steps To Determine the Medicaid Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. This fee schedule includes only selected procedure codes. A listing of all procedure code unit values is available from HHS.

Note: For procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedure Terminology (CPT).

2. LOCATE THE "UNIT VALUE" FOR THE PROCEDURE CODE. Unit values are listed to the right of the procedure code. Unit values do NOT represent dollar amounts. If "BR" is listed, go to Step #6 for special pricing. (Unit values followed by (i) are interim values and are subject to change.)
3. DETERMINE THE "CONVERSION FACTOR" FOR THE TYPE OF SERVICE. The applicable conversion factors are listed on each fee schedule page.
4. MULTIPLY THE "UNIT VALUE" BY THE "CONVERSION FACTOR."
5. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.
6. SPECIAL PRICING. Certain procedure codes will not have a unit value:
  - A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review.
  - B. "RNE" (Relative Value Not Established) procedures denoted "RNE" in the unit value column indicates a procedure which is new or uncommon. These procedures must be justified by submitting a report with the claim that references the procedure. Upon review, reimbursement is paid at a reasonable rate.
7. SERVICES NOT COVERED BY MEDICAID: Not all procedures are covered by Medicaid. Procedures listed as "Not Covered" are not payable by Medicaid.

Note: This fee schedule includes a rate increase effective July 1, 2006.

Conversion Factor prior to 7-1-2006 = \$3.55.  
Conversion Factor effective 7-1-2006 = \$3.62

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CPT CODE	UNIT VALUE	CPT CODE	UNIT VALUE
92506	14.7 (30 minute unit)	97112	5.0 (i)
92507	9.0 (30 minute unit)	97113	4.5
92605*	Not Covered – See 92506	97116	4.0
92606*	Not Covered – See 92507	97124	5.5
92607**	16.6 (i)	97139	BR
92608**	3.6 (i)	97140	6.0
92609**	8.3 (i)	97150	5.0
92610	17.5 (i)	97530	5.0
97001	16.0	97532	9.4 (i)
97002	10.8	97533	9.4 (i)
97003	16.0	97535***	Not covered
97004	10.8	97537***	Not covered
97005***	Not covered	97542	7.5
97006***	Not covered	97545***	Not covered
97010	2.0	97546***	Not covered
97012	4.5	97597	11.1 (i)
97014	3.5	97598	14.1 (i)
97016	4.5	97602	RNE
97018	3.0	97605	RNE
97022	4.5	97606	RNE
97024	3.0	97750	9.5
97026	2.0	97755	5.5 (i)
97028	4.0	97760	RNE
97032	4.5	97761	RNE
97033	5.0	97762	RNE
97034	4.0	97799	BR
97035	4.0	97810***	Not covered
97036	5.5	97811***	Not covered
97039	BR	97813***	Not covered
97110	5.0	97814***	Not covered

\* Procedure code not covered by Medicaid when provided by a physical or occupational therapist.

\*\* Covered service if speech generating device produce digital or synthesized speech.

\*\*\* Not covered by Medicaid

(i) = Interim Value

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